BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHODS AND DEVICES FOR SEPARATING SUBSTANCES USING

nsert Title:	COM	PATIBLE	(MUTUALLY SOL	UBLE) MULI	TPHASIC SOL	VENT SYSTE	MS			
Fill in Appropriate	the specification of whic forth above and/or the f		hereto. If not attached her	reto, the applicati	on is identified by th	ne attorney docket	number as set			
nformation - for Use Without	The specification was filed on									
specification Attached:	and amended on the specification was filed on August 3, 2004					(и аррисаон	as PCT			
nsert Priority nformation: if appropriate)	International Application Number PCT/JP2004/011407					and was				
	amended on					(if applicable)				
	amended by any amendment referred to above. I acknowledge the duty to disclose information w Regulations, §1.56. I do not know and do not believe the same was ever thereof, or patented or described in any printed publica year prior to this application, that the same was not in prior to this application, that the invention has not been date of this application in any country foreign to the representative or assigns more than twelve months (six patent or inventor's certificate on this invention has been application by me or my legal representatives or assigns. I hereby claim foreign oriority benefits under Title			35, United States Code, §119(a)-(d) of any foreign application(s) for patent fied below any foreign application for patent or inventor's certificate having ity is claimed: Priority Claimed 8/7/2003 (Month/Day/Year Filed) Yes No						
	(Number)	(Country)		(Month/Day	//Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day/Year Filed)		□ Yes	□ No			
	(Number)	(Country)		(Month/Day	/Year Filed)	□ Yes	□ No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
nsert Provisional pplication(s): fany)	(Application Number)			(Filing Date)						
	(Application Number) (Filing Date)									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
ssert Requested vormation: f appropriate)	Country		Application Number		Date of Filing (Mor	nth/Day/Year)	<u> </u>			
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
sert Prior U.S. pplication(s): any)	(Application Number)		(Filing Date)		(Status - patented, p	pending, abandon	ed)			
ge 1 of 2 ev. 07/2003)	(Application Number)		(Filing Date)		(Status - patented, p	pending, abandon	ed)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole inventor: Insert Name of Inventor	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
Insert Name of	Kazuhiro CHIBA	Longhing his	by	175AN 2006					
Insert Residence	Residence (City, State & Country)	CITIZENSHIP							
Insert Citizenship →	Fuchu-shi, Tokyo, Japan	Japanese							
Insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) c/o Agriculture Department, Tokyo University of Agriculture and Technology,								
	3-5-8, Saiwai-cho, Fuchu-shi, Tokyo 183-8509 Japan								
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)	CINZE		ENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CTTIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CTTIZENSHIE						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHIE						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								
ull Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	·	DATE*					
	Residence (City, State & Country)		CITIZENSHIE						
	MAILING ADDRESS (Complete Street Address including City, State & Country)								